



# Corrective Action Form

Lake County Board of County Commissioners

This form is to be used to document a Corrective Action - Suspension without Pay, Demotion, or Termination. Forward the completed Corrective Action Form to the Office of Employee Services to be retained in the employee's personnel file.

## Section I – Employee Information

<b>Name of Employee</b>	<b>Department</b>	<b>Job Title</b>
<b>Employee Number</b>	<b>Date of Record</b>	<b>Date of Offense(s), If applicable</b>

Employees are expected to be productive while at work, and maintain ethical, behavioral and performance standards as outlined in the County's Policies and Procedures. When necessary, corrective action will be taken to maintain such standards. The County's progressive corrective action may include an Oral Warning, Written Warning, Suspension without Pay, Demotion, or Termination.

## Section II – Corrective Action

Check the box that indicates the progressive corrective action.

<b>Suspension without Pay</b> <input type="checkbox"/>	<b>Demotion</b> <input type="checkbox"/>	<b>Termination</b> <input type="checkbox"/>
Beginning Date: Return to Work Date:	Effective Date:	Effective Date:
<b>Reason for Progressive Corrective Action:</b> Describe the reason for the progressive corrective action: Be specific – indicate date(s), time(s), describe incident(s) in detail, name witness, etc. (Attach a copy of all supporting documents.)		
<b>Cite Violations of County Policies and Procedures, including Sections and Sub-Sections:</b>		
<b>Corrective Action(s) to be taken and Date(s) by when such action should be completed:</b> Corrective Action(s) is/are taken because of the seriousness of the situation, and to inform you that the County will not tolerate such standards of performance and/or conduct. You are hereby advised that the following corrective action(s) and deadline(s) are expected to be accomplished.		
<b>Employee Comment(s) (If no comments please indicate):</b>		

## Section III – Signatures

Acknowledgment of Receipt: I understand that my signature does not necessarily mean that I agree with this corrective action; it is just an acknowledgment of receipt. In accordance with the Policies and Practices Employee Manual, Section 29, Corrective Action, Number 8, each employee whose supervisor recommends a suspension, demotion, or termination under these rules will have the opportunity to participate in a pre-determination conference with the Department Director.

<b>Employee Name (print)</b>	<b>Employee Signature</b>	<b>Date</b>
<b>Administering Supervisor (print)</b>	<b>Supervisor Signature</b>	<b>Date</b>
<b>Division Director Signature (If applicable)</b>	<b>Date</b>	<b>Department Director Signature</b>
		<b>Date</b>